

MDR Tracking Number: M5-04-0583-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-24-03. The fee issue for date of service 01-02-03 CPT code 95851 was withdrawn on 01-21-04 by ____.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic procedures, neuromuscular stimulation, myofascial release, joint mobilization and MRI were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 22nd day of January 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12-04-02 through 01-21-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

January 14, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0583-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The patient sustained an injury on ___ while moving a barrel of chemicals. He reported pain in his left shoulder, stomach, and testicles and tingling in his left hand. A left shoulder MRI dated 12/11/02 revealed joint effusion, subacromial bursitis, and moderate impingement of the supraspinatus muscle and tendon.

Requested Service(s)

Office visits, therapeutic procedures, neuromuscular stimulation, myofascial release, joint mobilization, and MRI from 12/04/02 through 01/21/03

Decision

It is determined that the office visits, therapeutic procedures, neuromuscular stimulation, myofascial release, joint mobilization, and MRI from 12/04/01 through 01/21/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Medical record documentation indicates that the patient failed to improve after two weeks of physical therapy. Failure to respond in a two week period means that the provider should continue to look for pain generators. The provider accomplished this by ordering an MRI of the left shoulder on 12/11/02, referring the patient to an orthopedic surgeon, and by implementing nerve conduction velocity testing of the upper quadrant on 01/22/03.

Rehabilitation applications performed by the provider are well documented and clinically supported by the reviewed medical record. Therefore, it is determined that the office visits, therapeutic procedures, neuromuscular stimulation, myofascial release, joint mobilization, and MRI from 12/04/01 through 01/21/03 were medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Davis AM, et al. *Measuring disability of the upper extremity: a rationale supporting the use of a regional outcome measure.* J Hand Ther 1999 Oct-Dec;12(4):269-74.
- Etty Griffin MD PhD, LY. *Neuromuscular Training and Injury Prevention in Sports.* Clinical Orthopedics and Related Research 2003; 409:53-60.
- Nicholson GP, et al. *Arthroscopic capsular release for stiff shoulders: effect of etiology on outcomes.* Arthroscopy, 2003 Jan; 19(1):40-9.
- Uhlig T, et al. *Effectiveness and cost-effectiveness of comprehensive rehabilitation programs.* Curr Opin Rheumatol, 2003 Mar;15(2):134-40.

Sincerely,